

APPLICATION FOR EMPLOYMENT EMERGENCY MEDICAL TECHNICIAN

Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

SS #: _____ MA Driver's License #: _____

Please List Three (3) References Not Related To You
Do Not Include Past or Present Employers/Supervisors

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

3. Name: _____ Phone: _____

Address: _____

High School: _____ Date Graduated: _____

College: _____ Date Graduated: _____

EMPLOYMENT HISTORY:

Give all employment history and supervisor's name and phone number for the past ten (10) years.
Please explain any periods of time you were not employed.
Use extra paper if necessary.

Current Employer: _____ Years employed _____

Address: _____

Supervisor: _____ Phone: _____

Year(s) _____ Employer: _____

Address: _____

Supervisor: _____ Phone: _____

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Year(s) _____ Employer: _____

Address: _____

Supervisor: _____ Phone: _____

Year(s) _____ Employer: _____

Address: _____

Supervisor: _____ Phone: _____

Have you ever been dismissed from a job? Yes ____ No ____

Have you ever been convicted of a felony or drug offense? Yes ____ No ____

Have you ever lost your driver's license? Yes ____ No ____

If you have answered yes to any of the above questions please explain on the back of this sheet.

By applying for the position of an Emergency Medical Technician for the Town of Marion, I hereby agree to the following:

That my certification as a registered EMT does not guarantee employment as an EMT with the Town of Marion Emergency Medical Services.

I will be serving a six months probation period after receiving my appointment as an EMT for the Town of Marion.

I agree that to receive my incentive pay, I will be required to respond to at least twelve (12) runs in a six (6) month period. This includes 12 patient transports and 6 cancelled or back off calls.

I understand that my failure to respond to calls, attend meetings or maintain required certifications may result in my dismissal.

If I am given the privilege of attending paramedic school at the Town of Marion's expense, I agree to work for the Town for a period of two (2) years after receiving MA state certification.

I understand that all references may be contacted and that all information supplied is truthful. I understand that any deliberate falsification of information will be cause for removal.

Please attach a copy of all current certifications.

Signature: _____ Date: _____